

798

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 1217	
County <u>Yavapai</u>	District <u>9</u>	County Registered No. <u>592</u>	Local Registrar's No. <u>106</u>
Town <u>Verde</u>	Or City	ORIGINAL CERTIFICATE OF DEATH	
No. _____ St. _____			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Ora Eugene Bell Davis</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	Color or Race <u>White</u>	DATE OF DEATH <u>Nov 9th 1918</u>	
	Indian <u>Black</u>	(Month) (Day) (Year)	
	Chinese <u>Mexican</u>		
	SINGLE <u>MARRIED</u>		
	WIDOWED <u>or DIVORCED</u>		
DATE OF BIRTH <u>Sept 21 1917</u>		I hereby certify, that I attended deceased from <u>Nov 5th 1918</u> to <u>Nov 9 1918</u> ; that I last saw her alive on <u>Nov 9 1918</u> , and that death occurred on the date stated above at <u>11^{am}</u> M. The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u>	
AGE <u>19</u> yrs. <u>2</u> mos. <u>2</u> days hrs., or min.		<u>Influenza</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>none</u>		(Duration) _____ yrs. _____ mos. <u>4</u> days	
(b) General nature of industry, business, or establishment in which employed or (employer) <u>none</u>		Was disease contracted in Arizona? <u>yes</u>	
BIRTHPLACE (State or country) <u>Missouri</u>		If not, where? <u>Chas 13th St</u>	
PARENTS	NAME OF FATHER <u>James A. Bell</u>	CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
	BIRTHPLACE OF FATHER (State or Country) <u>Do not know</u>	(Signed) <u>John W. McClellan</u>	
	MAIDEN NAME OF MOTHER <u>Annie Harris</u>	<u>Nov 10 1918</u> (Address) <u>Verde</u>	
	BIRTHPLACE OF MOTHER (State or Country) <u>Not known</u>	*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
The Above Is True to the Best of My Knowledge (Informant) _____ (Address) _____		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
PLACE OF BURIAL OR REMOVAL <u>Flower Hill</u>		Former or Usual Residence _____	
DATE OF BURIAL OR REMOVAL <u>1918</u>		Filed <u>1-4</u> <u>1918</u> <u>McClellan</u>	
UNDERTAKER <u>W. P. Keck</u>		Filed <u>John W. McClellan</u> Local Registrar	
ADDRESS _____		191 _____ County Registrar	